

P 15000044125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

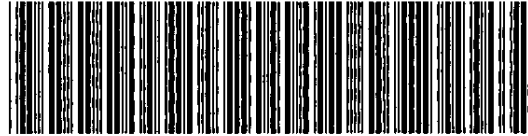
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000272755930

05/13/15--01024--008 **87.50

FILED

15 MAY 13 PM 12:57

CLERK OF STATE
TALLAHASSEE, FLORIDA

5/18/15

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: RoomRaidersCleaning Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Devin P. Murphy

Name (Printed or typed)

11889 Trevally Loop Dr. Apt 102

Address

Trinity FL. 34655

City, State & Zip

813-546-5815

Daytime Telephone number

devinmurphy1@roomraiderscleaning.com

E-mail address: (to be used for future annual report notification)

FILED
15 MAY 13 PM 12:57
DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: RoomRaidersCleaning Inc.

15 MAY 13 PM 12: 57

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
11889 Trevally Loop Dr. Apt. 102 Trinity Fl. 34655

SECRETARY OF STATE
Tallahassee, Florida
Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To incorporate and to become a successful commercial cleaning -
business in the state of Florida. Professional Corporation. Profit.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Devin P. Murphy/Owner

Name and Title: _____

Address 11889 Trevally Loop Dr. Apt. 102 -
Trinity FL. 34655

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Devin P. Murphy
Address: 11889 Trevally Loop Dr. Apt. 102 Trinity FL -
34655

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Devin P. Murphy
Address: 11889 Trevally Loop Dr. Apt. 102 Trinity FL
34655

FILED
15 MAY 13 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ Date Of Filing _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

5/8/15

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

5/8/15

Date